

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

C.A. NO. 04CV11125NG

CHARLES LANGONE, AS FUND MANAGER OF THE NEW
ENGLAND TEAMSTERS AND TRUCKING INDUSTRY PENSION
FUND,

Plaintiff

vs.

STAMPRETE OF RHODE ISLAND, STAMP CRETE OF RHODE
ISLAND, INC., AND STAMPED CONCRETE, INC.,
Defendants

DEPOSITION OF MICHAEL T. PEZZA, taken
pursuant to Notice under the applicable
provisions of the Federal Rules of Civil
Procedure, on behalf of the Plaintiff, before
Alice M.S. DesVergnes, R.P.R., a Notary Public
in and for the Commonwealth of Massachusetts,
at the office of Casey and Thompson, P.C.,
Eight North Main Street, Suite 204, Attleboro,
MA 02703, commencing on Wednesday, September
22, 2005, at 9:00 a.m.

NEAL A. SALLOWAY - COURT REPORTERS
FIVE CARDIGAN ROAD
WEST PEABODY, MA 01960
(781) 581-3993 (978) 535-0313 FAX (978) 535-0142 - 3

APPEARANCES:

CATHERINE M. CAMPBELL, ESQ.
FEINBERG, CAMPBELL & ZACK, P.C.
177 MILK STREET
BOSTON, MA 02109
Counsel for the Plaintiff

PETER V. TEKIPPE, ESQ.
CASEY AND THOMPSON, P.C.
8 NORTH MAIN STREET, SUITE 204
ATTLEBORO, MA 02703
Counsel for the Defendants

1	I N D E X		
2			
3	DEPONENT	DIRECT	
4	MICHAEL T. PEZZA		
5	By Ms. Campbell	4	
6			
7	E X H I B I T S		
8	EXHIBIT NO.	DESCRIPTION	PAGE NO.
9			
10	1	3 Annual Reports for Materials	15
11		Equipment Corp.	
12	2	2003 Annual Report for Granite	19
13		Asphalt Corp.	
14	3	7-pgs. Annual Reports of Stamp	27
15		Crete of Rhode Island, Inc.	
16	3	3-pg. Annual Reports for	39
17		Stamped-Concrete	
18	5	Responses to Plaintiff's	64
19		Interrogatories	
20	6	2-pgs. Copies of checks from	86
21		LCP Corp.	
22			
23			

1	S T I P U L A T I O N S	
2	It is hereby stipulated and	
3	agreed by and between counsel for the	
4	respective parties that all objections, except	
5	as to form, are reserved until the time of	
6	trial, including motions to strike.	
7	It is further stipulated and	
8	agreed that the reading and signing of the	
9	deposition are waived.	
10	MICHAEL T. PEZZA, having duly	
11	affirmed that his testimony will be the truth,	
12	the whole truth, and nothing but the truth and	
13	having produced his Massachusetts driver's	
14	license for identification purposes, testified	
15	as follows in answer to direct interrogatories	
16	by Ms. Campbell:	
17	Q	Mr. Pezza, my ma'am is Catherine Campbell and I
18		represent the New England Teamsters and
19		Trucking Industry Pension Fund. Have you ever
20		had your deposition taken before?
21	A	No.
22	Q	I'm going to ask you a series of questions and
23		just a couple of ground rules. Let me finish

1 the question before you answer because it's
2 easier for the court reporter, and if there's
3 any question that you don't understand, let me
4 know and I'll rephrase it as best I can, but if
5 you do answer, I'm going to assume you
6 understand the question, okay?
7 And the last thing is you just need to
8 answer verbally rather than nod or --
9 A Oh, okay. Sorry. It's all new for me.
10 Q Make sense?
11 A Yup.
12 Q Would you state your name and address?
13 A Michael Pezza. 10 Leonard Drive, North
14 Smithfield.
15 Q Where is it?
16 A North Smithfield.
17 Q North Smithfield. Okay.
18 A My own address is Harrisville. We don't have a
19 post office.
20 Q So do you have a P.O. box for a mailing
21 address?
22 A No, instead of North Smithfield it's
23 Harrisville. And it goes to Harrisville Post

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1 synopsis of your education, sort of when you
2 graduated from high school?
3 A I graduated from Cranston West Vocational, '86.
4 And that was as far as I went.
5 Q Do you have any particular licenses, building
6 license?
7 A I'm in the operating engineers which is Local
8 57.
9 Q So have you been through an apprentice program?
10 A Yup.
11 Q Can you give me your employment history, and
12 I'll give you a choice. You can either start
13 with the earliest and go forward or go
14 backwards.
15 A Well, I worked for my father like pretty much
16 until about a year ago then I went to work for
17 Fleet Construction.
18 Q Really. I know Fleet Construction. All right.
19 So right from high school you began working for
20 your father?
21 A Yup.
22 Q All right. What was the first job that you
23 had? What was the name of the company and what

1 Office and they deliver it from there, but the
2 property is in North Smithfield.
3 Q So if the address was -- the letter was sent to
4 you --
5 A Harrisville.
6 Q Harrisville. All right. And your Social
7 Security Number?
8 A 028-37-1586, but I have to check on that with
9 my license. I don't know it off the top of my
10 head.
11 Q It's on your license?
12 A It's on my license.
13 Q Okay. Tell me again. 028-37-
14 A 1586.
15 Q 1586. Are you married?
16 A Yes.
17 Q Your spouse's name?
18 A Lynn.
19 Q Any children?
20 A Two girls.
21 Q Minors?
22 A Three and a year and a half.
23 Q Very minor. Can you just give me a brief

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1 did you do there?
2 A C. Pezza and Son.
3 Q Yup.
4 A And I was an operator.
5 Q What did you operate?
6 A Heavy equipment, bulldozers, backhoes.
7 Q Anything?
8 A Paver.
9 Q What was your job position at C. Pezza?
10 A I was just an employee that, you know, I was an
11 employee but I had the same last name so, you
12 know, I kind of was in -- but I was as payroll,
13 I was an employee.
14 Q Did you have any additional duties since you
15 have the same last name than running the
16 machinery?
17 A Working a little, making sure we needed money
18 on the job, you know.
19 Q So you had some supervisory?
20 A Yeah.
21 Q And how long did you work for C. Pezza?
22 A Oh, right through it went out of business.
23 Q So that would be when?

1 they were shareholders or not.
2 Q And right up until 2005, your father's listed
3 as the only officer.
4 A Right.
5 Q Is that correct?
6 A Well, as of now, he is in the process of
7 selling it to me and my wife.
8 Q In the process?
9 A Well, yeah, I believe we already did the
10 paperwork.
11 Q What paperwork was that?
12 A As far as he was signing stuff over and --
13 Q Can you just tell me what that means, "to sign
14 stuff over"?
15 A I guess, he is, he basically wants to retire
16 and get out, so I'm taking the business, I'm
17 doing the physical part of it and my wife's
18 doing the paperwork part of it. I don't have a
19 date on when we did the paperwork. I know we
20 did it a couple months ago.
21 Q And can you give me the details of the sale,
22 you did some paperwork?
23 A Yes.

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1 Q How about officers, do you know who --
2 A I don't think there is any.
3 Q There are no officers?
4 A There's just me and her.
5 Q Well, you could be officers.
6 A Okay, I could be an officer.
7 Q But you don't know if you are?
8 A It's not my department. Not my department.
9 Basically, I guess, you sign this paperwork,
10 vice-president and president, and now an
11 officer is --
12 Q One of those, vice-president, president,
13 secretary and treasurer; those are the four
14 choices.
15 A Okay. Okay. So I guess between me and my wife
16 we would be split up between those four?
17 Q Is that -- I don't know.
18 A I don't know either.
19 Q You would have to tell me.
20 A I don't know that. If you want, I could have
21 brought my wife with me and she could have
22 answered all them. I didn't know.
23 Q Now, according to the Secretary of State, this

1 Q Did you offer a price for the business?
2 A There was a price that was set.
3 Q Do you know what that is?
4 A No, I don't. I honestly don't.
5 Q Have you paid it?
6 A My wife would know that part. I don't do
7 paperwork part. I do the physical part.
8 Q Did you talk to your father about --
9 A I went into an office like this. We signed
10 some papers.
11 Q But you never discussed the purchase price?
12 A No, no. I don't know what the purchase price
13 is on paper.
14 Q Is there a purchase price?
15 A I don't know. I honestly don't know. That's
16 my wife's department. That is not my
17 department.
18 Q Okay. And do you consider yourself the owner
19 of the company at this point?
20 A I consider me and my wife the owner of the
21 company.
22 Q Both of you?
23 A Yup.

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1 company was started in 2003.
2 A Okay.
3 Q And is the business that Stamped-Concrete is
4 doing any different than the business that
5 Stamped Crete of Rhode Island -- Stamp Crete of
6 Rhode Island was doing?
7 A No.
8 Q Same thing?
9 A Same.
10 Q Basically?
11 A Yeah. It's like sand and stone. They deliver
12 sand and stone, so it's the same thing.
13 Stamping concrete, you stamp concrete.
14 Q Were the customers for Stamp Crete of Rhode
15 Island the same customers?
16 A We do home owners, so you're always have a new
17 homeowner. You never deal with a contractor or
18 anything like that, no.
19 Q So it's a short-term --
20 A Yes. Three days, four days, in and out.
21 Q And were you -- have you received any money
22 from Stamped-Concrete?
23 A Payroll.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown
Secretary of State

Date: July 12, 2005

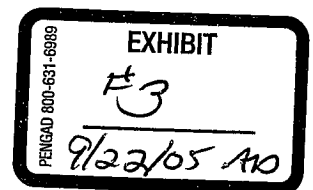
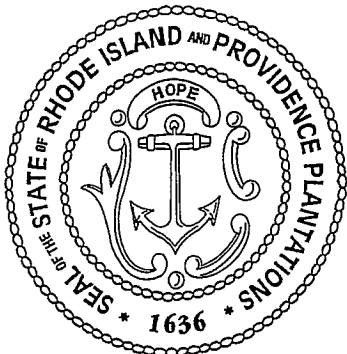
*Stamp Crete of Rhode Island, Inc.
(Annual Reports 2000-2004 - 6 pages)*

*A TRUE COPY WITNESSED UNDER THE SEAL OF THE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS*

Matthew Brown

Secretary of State

By *Wuy E. Carroll*



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108143		2. Name of Corporation Stamp Crete of Rhode Island, Inc.	
3. Street Address Principal Business Office 100 Irons Avenue		City Johnston	State RI
4. Business Phone No. (401) 231-6014		5. State of Incorporation RHODE ISLAND	Zip 02919
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE CEMENT AND PROCESS IT SO AS TO MAKE CONCRETE; EXCAVATE AREAS WHERE CONCRETE IS TO BE BE POURED, SELLING AND OTHERWISE DEALING WITH CONCRETE AND RELATED SUBSTANCES.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Leonard A. Pezza		Vice President Name Leonard A. Pezza	
Street Address 100 Irons Avenue		Street Address 100 Irons Avenue	
City Johnston	State RI	Zip 02919	City Johnston
Secretary Name Leonard A. Pezza		Treasurer Name Leonard A. Pezza	
Street Address 100 Irons Avenue		Street Address 100 Irons Avenue	
City Johnston	State RI	Zip 02919	City Johnston
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
600 COMM NO PAR VALUE			420
			Common
			No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 1 4 3 *

File Date 5/12/09
Check No. 003006
By: US

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer _____

Date _____

Leonard A. Pezza

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

A M E N D E D

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *108143*		2. Name of Corporation Stamp Crete of Rhode Island, Inc.			
3. Street Address Principal Business Office 100 IRONS AVENUE			City JOHNSTON	State RI	Zip 02919-
4. Business Phone No. 4012316014		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE CEMENT AND PROCESS IT SO AS TO MAKE CONCRETE; EXCAVATE AREAS WHERE CONCRETE IS TO BE BE POURED, SELLING AND OTHERWISE DEALING WITH CONCRETE AND RELATED SUBSTANCES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LEONARD A. PEZZA			Vice President Name LEONARD A. PEZZA		
Street Address 100 IRONS AVENUE			Street Address 100 IRONS AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name LEONARD A. PEZZA			Treasurer Name LEONARD A. PEZZA		
Street Address 100 IRONS AVENUE			Street Address 100 IRONS AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			420	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 1 4 3 *

FILED

APR 28 2004

by CME

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

LEONARD A. PEZZA

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

4-24-03

**108143* 4/21/032:56:34 PM*

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

108143

2. Name of Corporation

Stamp Crete of Rhode Island, Inc.

3. Street Address Principal Business Office

100 Irons Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-231-7033

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

To purchase & process concrete for stamping of designs

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael T. Pezza

Vice President Name

Robert A. Pezza

Street Address

10 Leonard Drive

Street Address

19 Factory Pond Circle

City

Harrisville

State

RI

Zip

02830

City

Smithfield

State

RI

Zip

02828

Secretary Name

Cynthia M. Mansolillo

Treasurer Name

Cheryl A. Greco

Street Address

51 Summit Drive

Street Address

110 Westonia Lane

City

Cranston,

State

RI

Zip

02920

City

Warwick,

State

RI

Zip

02889

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

420

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 1 4 3 *

File Date: 1-17-03

Check No.: 80

By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Michael T. Pezza

Date

1-9-03

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

108143

2. Name of Corporation

Stamp Crete of Rhode Island, Inc.

3. Street Address Principal Business Office

100 Irons Avenue

4. Business Phone No.

(401)231-6014

5. State of Incorporation

RHODE ISLAND

City

Johnston

State

RI

Zip

02919

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

To purchase and process concrete for stamping of designs.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael T. Pezza

Vice President Name

Robert A. Pezza

Street Address

10 Leonard Drive

Street Address

19 Factory Pond Circle

City

Harrisville

State

RI

Zip

02830

City

Smithfield

State

RI

Zip

02828

Secretary Name

Cynthia M. Mansolillo

Treasurer Name

Cheryl A. Greco

Street Address

51 Summit Drive

Street Address

110 Westonia Lane

City

Cranston

State

RI

Zip

02920

City

Warwick,

State

RI

Zip

02889

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

420

Common

No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 1 4 3 *

File Date: 1-3-02

Check No.: 1257

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature of Cheryl A. Greco]

Signature of Officer

Cheryl A. Greco

Print or Type Name of Officer

Treasurer

Title of Officer

1-02-02

Date



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108143** 2. Name of Corporation **Stamp Crete of Rhode Island, Inc.**

3. Street Address Principal Business Office **100 Irons Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401)231-6014** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To purchase & process concrete for stamping of designs

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael T. Pezza	Vice President Name Robert A. Pezza
Street Address 10 Leonard Drive	Street Address 19 Factory Pond Circle
City Harrisville State RI Zip 02830	City Smithfield State RI Zip 02828
Secretary Name Cynthia M. Mansolillo	Treasurer Name Cheryl A. Greco
Street Address 51 Summit Drive	Street Address 110 Westonla Lane
City Cranston, State RI Zip 02920	City Warwick, State RI Zip 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
420 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 1 4 3 *

File Date: **4-6-01**
Check No.: **1192**
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael T. Pezza
Signature of Officer Date
Michael T. Pezza
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

108143

Stamp Crete of Rhode Island, Inc.

3. Street Address Principal Business Office

City

State

Zip

100 Irons Avenue

Johnston

Rhode Island 02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 231-6014

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

To purchase & process concrete for stamping of designs

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael T. Pezza

Vice President Name

Robert A. Pezza

Street Address

Street Address

10 Leonard Drive

19 Factory Pond Circle

City State Zip
Harrisville RI 02830

City State Zip
Smithfield RI 02828

Secretary Name

Cynthia M. Mansolillo

Treasurer Name

Cheryl A. Greco

Street Address

Street Address

51 Summit Drive

110 Westonia Lane

City State Zip
Cranston RI 02920

City State Zip
Warwick RI 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

None

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

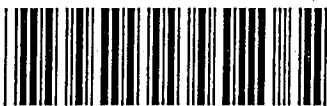
Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

600 COMM NO PAR VALUE

420 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 1 4 3 *

File Date: 1/10/00

Check No.: 1018

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Michael T. Pezza Date 1/14/00

Michael T. Pezza

Print or Type Name of Officer

President

Title of Officer